MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/009004	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1	1						51							
2		1					52							
3							53							
4		1					54							
5		1					55							
6							56							
7		1					57							
8		1					58							
9		4					59							
10		4					60							
11	1						61							
12	1						62							
13		1					63							
14		1					64							
15							65							
16	1						66							
17		1					67							
18	1	1					68							
19		1					69							
20		1					70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
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35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4						TOTAL IND.							
TOTAL DEP.	16						TOTAL DEP.							
TOTAL CLAIMS	20						TOTAL CLAIMS							